

## **Name and Address Change Form**

You are required to notify the board within thirty (30) days of changing your name and/or address. The board makes a licensee's mailing addresses available to the public. The practice address in the licensing profile that is available to the public.

### **Instructions**

Three (3) ways to change your address:

1. Print, complete, and mail the form to:

Board of (specify the name of your board)  
Health Related Boards  
227 French Landing, Suite 300  
Heritage Place Metro Center  
Nashville, TN 37243

2. Print, complete, and fax the form to:

<b>Board of Medical Examiners</b>	<b>Medical Doctor Osteopathic Physician Physician Assistant Athletic Trainers X-Ray Operators</b>	<b>615-253-4484</b>
<b>Board of Nursing</b>	<b>Registered Nurses Licensed Practical Nurses</b>	<b>615-741-7899</b>
<b>Health Care Facilities</b>	<b>Certified Nurse Aide</b>	<b>615-248-3601</b>
<b>All Others</b>		<b>532-5164 or 532-5369</b>

3. Using the form as your guide, e-mail the information to us at  
<http://tennessee.gov/health>



TENNESSEE DEPARTMENT OF HEALTH  
**HEALTH RELATED BOARDS**

227 French Landing, Suite 300  
Heritage Place Metro Center  
Nashville, TN 37243  
615-532-3202 (Local) 1-800-778-4123 (Toll Free)  
<http://tennessee.gov/health>

**NAME & ADDRESS CHANGE**

Select the profession/occupation for which you hold a license, certificate, or registration. A separate form must be submitted for each profession/occupation, if applicable.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Alcohol & Drug Abuse Counselors       | <input type="checkbox"/> Electrology School                  | <input type="checkbox"/> Physical Therapist Assistant  |
| <input type="checkbox"/> Athletic Trainer                      | <input type="checkbox"/> Hearing Aid Specialist              | <input type="checkbox"/> Physician Assistant           |
| <input type="checkbox"/> Audiologist                           | <input type="checkbox"/> Hearing Aid Specialist-Apprentice   | <input type="checkbox"/> Podiatrist Academic           |
| <input type="checkbox"/> Certified Marital & Family Therapists | <input type="checkbox"/> Licensed Clinical Social Worker     | <input type="checkbox"/> Psychological Examiners       |
| <input type="checkbox"/> Certified Master Social Worker        | <input type="checkbox"/> Licensed Marital & Family Therapist | <input type="checkbox"/> Psychologist                  |
| <input type="checkbox"/> Certified Nurse Aide                  | <input type="checkbox"/> Licensed Practical Nurse            | <input type="checkbox"/> Registered Nurse              |
| <input type="checkbox"/> Certified Professional Counselor      | <input type="checkbox"/> Licensed Professional Counselor     | <input type="checkbox"/> Respiratory Care Assistant    |
| <input type="checkbox"/> Chiropractor                          | <input type="checkbox"/> Massage Establishment               | <input type="checkbox"/> Respiratory Care Technician   |
| <input type="checkbox"/> Clinical Perfusionist                 | <input type="checkbox"/> Massage Therapist                   | <input type="checkbox"/> Respiratory Care Therapist    |
| <input type="checkbox"/> Clinical Pastoral Therapist           | <input type="checkbox"/> Medical Doctor                      | <input type="checkbox"/> Speech Language Pathologist   |
| <input type="checkbox"/> Dental Assistant                      | <input type="checkbox"/> Medical Laboratory Personnel        | <input type="checkbox"/> Veterinarian                  |
| <input type="checkbox"/> Dental Hygienist                      | <input type="checkbox"/> Nursing Home Administrator          | <input type="checkbox"/> Veterinary Clinic             |
| <input type="checkbox"/> Dentist                               | <input type="checkbox"/> Occupational Therapist              | <input type="checkbox"/> Veterinary Medical Technician |
| <input type="checkbox"/> Dietitian/Nutritionists               | <input type="checkbox"/> Occupational Therapy Assistant      | <input type="checkbox"/> X-Ray Technician-Chiropractic |
| <input type="checkbox"/> Dispensing Optician                   | <input type="checkbox"/> Optometrist                         | <input type="checkbox"/> X-Ray Technician-MD Office    |
| <input type="checkbox"/> Dispensing Optician-Apprentice        | <input type="checkbox"/> Osteopathic Physician               | <input type="checkbox"/> X-Ray Technician-Podiatry     |
| <input type="checkbox"/> Electrologist                         | <input type="checkbox"/> Physical Therapist                  | <input type="checkbox"/> Other (specify) _____         |

**SSN:** \_\_\_\_\_ **License, Certificate or Registration Number** \_\_\_\_\_

**NOTE: Submit a separate form for each license, certificate or registration that you hold**

**NAME CHANGE**

Personal name change requests must be accompanied by a copy of a marriage certificate, divorce decree, court order, or other documentation which verifies the name change. [PRINT OR TYPE INFORMATION]

1. New Name: [First] \_\_\_\_\_ [Middle] \_\_\_\_\_ [Last] \_\_\_\_\_
2. Former Name: [First] \_\_\_\_\_ [Middle] \_\_\_\_\_ [Last] \_\_\_\_\_

**MAILING ADDRESS CHANGE -THIS WILL BE USED AS YOUR MAILING ADDRESS FOR THE PURPOSE OF BOARD MAILINGS.**  
(Our records are public pursuant to TCA §10-7-503) [PRINT OR TYPE]

3. Old Street Address \_\_\_\_\_
4. City, State, Zip Code \_\_\_\_\_
5. New Street Address \_\_\_\_\_
6. City, State, Zip Code \_\_\_\_\_
7. Telephone Numbers Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

**PRACTICE ADDRESS CHANGE -THIS WILL BE USED FOR THE PURPOSE OF YOUR PRACTITIONER PROFILE.**

8. Old Street Address \_\_\_\_\_
9. City, State, Zip Code \_\_\_\_\_
10. New Street Address \_\_\_\_\_
11. City, State, Zip Code \_\_\_\_\_
12. Practice Telephone Number (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

JS/G6099194/BDS

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